





Asthma

Farah Chatila, MHA, AE-C
Director, Health Promotions
American Lung Association





Agenda

Introductions

Our partners

Session 4: Asthma

Upcoming sessions







HANYS Care Connections Team



Kathleen Rauch, RN, MSHQS, BSN, CPHQ Vice President, Quality Advocacy, Research and Innovation and Post-acute and Continuing Care



Christina Miller-Foster, MPA Senior Director, Quality Advocacy, Research and Innovation



Morgan Black, MPA
Director,
Care Connections



Maria Baum, MS, RN, CPHQ Project Manager, Western New York



Kira Cramer, MBAProject Manager,
New York City



Rachael Brust, MBA
Project Manager,
North Country



Jonathan Serrano
Communications Coordinator



Theresa Green, PhD, MBA
Associate Director, Associate Professor,
Center for Community Health & Prevention
Public Health Sciences URMC, SON





Our partners



OUR FUNDER

Funding from the Mother Cabrini Health Foundation allows HANYS to expand its capacity to provide education, direct support, tools and data to our members. With Care Connections, we strive to build hospital-community partnerships and share evidence-based chronic disease prevention and management strategies to address healthcare access barriers at the local level.



OUR PARTNER

DataGen®, Inc. develops custom analytics for participants to help them understand healthcare access barriers and the chronic disease burden in their communities so they can develop tailored interventions.

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Today's presenter



Farah Chatila, MHA, AE-CDirector, Health Promotions
American Lung Association



NEW YORK STATE

Children's Asthma Initiative

Addressing the Childhood Asthma Burden in NYS: NYSCAI Overview

Care Connections Series

June 3, 2025

Presented by:

Farah Chatila, MHA, AE-C Director, Health Promotions

American Lung Association

- Founded in 1904, the American Lung Association, is the oldest voluntary health organization with offices nationwide
- Mission: To save lives by improving lung health and preventing lung disease, through research, education and advocacy















New York State Children's Asthma Initiative (NYSCAI)





Project BREATHE NY (Asthma QI)



Asthma Management in Schools & SBHCs



Home-Based Asthma Services



Workforce Development



Asthma Partnership of NY (APNY)





Asthma Prevalence & Impact





Childhood Asthma Prevalence

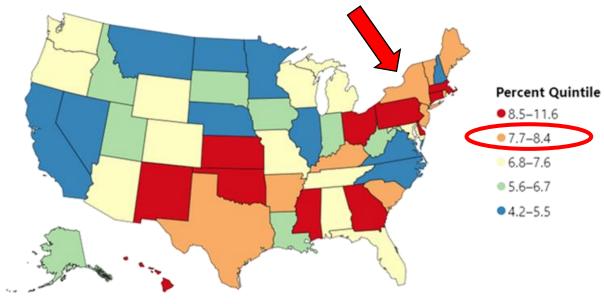
National

State

Current Asthma Prevalence by State or Territory (2020)

Select age group:

- Adult
- Child
- Current asthma
 prevalence varies in states
 and territories, ranging
 from 4.2% in Nebraska to
 11.6% in Mississippi for
 children and from 5.0% in
 Guam to 12.4% in West
 Virginia for adults.
- The median across all states and territories was
 9.6% among adults and
 7.4% among children.









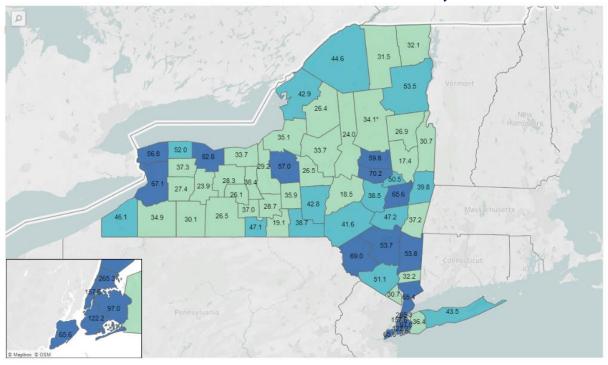
Data Table +



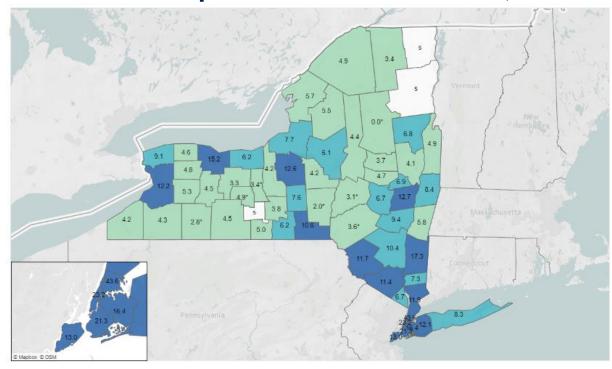
Asthma Prevalence Ages 0 - 17: New York State



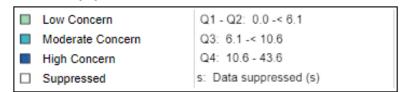
Asthma ED Visit Rates Per 10,000



Asthma Hospitalization Rates Per 10,000



Quartile (Q) Distribution



NYS Asthma

Dashboard link





Project Breathe NY (PBNY)





What is Project BREATHE NY?

A framework to engage health systems and community-based partners in providing:

Patient-Centered
Guidelines-Based Asthma Care

Multi-Disciplinary, Trained, Asthma
Care Team

Coordinated Across Settings
Addressing Health-Related Social
Needs

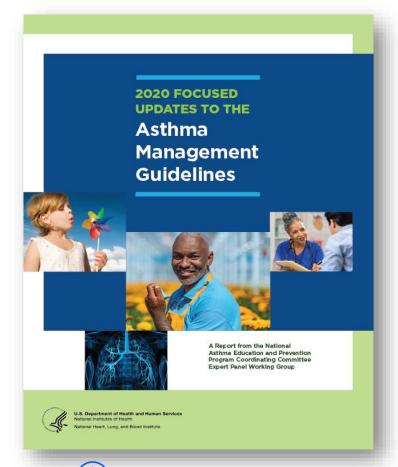
Goal: To *improve* health outcomes and quality of life for children with asthma and their families and *reduce* avoidable asthma-related hospitalizations and ED visits.





How was Project BREATHE NY developed?

Based on best-practice and evidence-based approaches learned over two decades of national and state asthma efforts

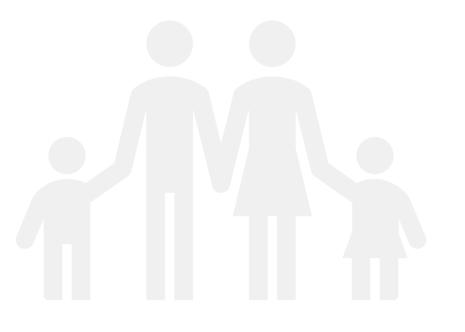








How does Project BREATHE NY work?



Addressing Health Equity & HRSN Primary Community-Based Care

Emergency Hospital

Building Clinical-Community Linkages

Inpatient

Department

Educating Patients & Providers

Driving Quality Improvement



Ongoing data collection and monitoring to drive results and sustain improvements

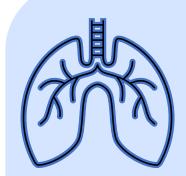




Project BREATHE NY Successes (2023-2024)



Over 1,000+ health professionals trained



Over 6,400+ patients engaged in BREATHE



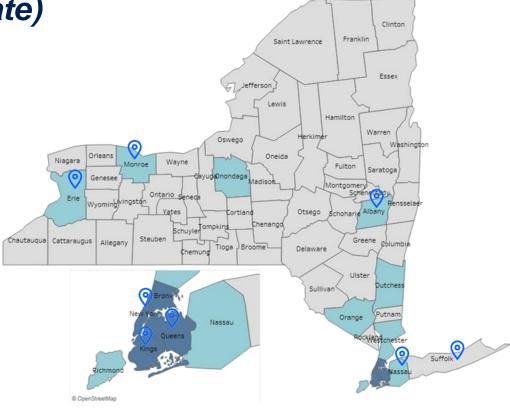
Over 100+
families
benefitted
from homebased asthma
services





Project BREATHE NY Partners (to-date)

- Albany Medical Center: Pediatrics Group
- Cohen's Children Center: Emergency Dept.
- Harmony Health FQHCs (Hempstead, Westbury, Roosevelt)
- New York Presbyterian Queens: Emergency Dept. and Inpatient
- NYU Langone: Sunset Park Family Health Center
- NYU Langone: Long Island Pediatric Center (Winthrop)
- Oak Orchard at Brockport
- Oishei Children's Hospital: Inpatient
- Stonybrook University Hospital: Emergency Dept.
- University at Rochester Medical Center: Inpatient
- Weill Cornell: Inpatient









Benefits of participation in Project BREATHE NY

- ❖ Technical assistance by Lung Association staff for 12-18 months
- Evidence-based training tailored to clinical providers and health care staff on asthma guidelines and quality improvement
- ❖ Clinical toolkits for providers to guide asthma diagnosis and management
- Materials for teaching asthma self-management education to patients and families
- * Valved holding chambers/spacers, educational materials for patients and families

Improved health care outcomes among patients with asthma





Story from a Patient's Mother

"I realized through the education that was provided to me at my son's bedside, by an Asthma Educator that I was doing everything wrong when it came to managing my son's condition. I was only giving him his medication if there were symptoms instead of using his inhaler, regardless of his symptoms. The **visual handouts** provided **helped me** to understand this...I am extremely happy to say that my son has had no [asthma] exacerbations for several months now."







School Based Health Center Asthma Project





SBHC Asthma Project Goals

- Assess and monitor asthma control during patient visits
- Review controller/rescue medications and technique with all patients with asthma
- Create and/or verify that all patients with persistent asthma utilize an asthma action plan that includes environmental triggers
- Provide self-management education to all patients with asthma, through use of the "Let's Take Control of Asthma" Flipchart
- Refer to home-based asthma services for environmental assessment and trigger reduction support





Asthma Visits

Visit 1

Flipchart Pre-Test

Administer Flipchart

CACT/ACT

Medication Compliance

Inhaler Technique

Environmental Control + Smoking Status

AAP & MAF





Asthma Visits Cont'd

Visit 2

Flipchart Post-Test

Administer Flipchart (only if score is <4)

CACT/ACT

Medication Compliance

Inhaler Technique

Environmental Control + Smoking Status

AAP & MAF





What's provided:



Device
demonstration kit
that includes spacer,
spacer with mask
and placebo inhaler



All educational and assessment documents



Giveaways for student participants along with a spacer and AAP & MAF (NYC only)



Technical Assistance





Overview of Waiver 1115 and SCNs





NYS 1115 Medicaid Waiver: New York Health Equity Reform (NYHER)

NYS aims to advance health equity, reduce health disparities and support the delivery of social care to address health-related social needs (HRSN) under this amendment through investments in Social Care Networks, Strengthening the Workforce, and Population Health.

SOURCE: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment, January 9, 2024; SCN Operations Manual.





Social Care Network's across NYS

Coverage area Lead Entity awarded

Southern Tier	Care Compass Collaborative
Finger Lakes	Finger Lakes IPA Inc
Long Island	Health and Welfare Council of Long Island
Capital Region	Healthy Alliance Foundation Inc
Central NY	Healthy Alliance Foundation Inc.
North Country	Healthy Alliance Foundation Inc.
Hudson Valley	Hudson Valley Care Coalition, Inc.
New York City ¹	Public Health Solutions
Staten Island	Staten Island Performing Provider System
Bronx	Somos Healthcare Providers, Inc.
Western NY	Western New York Integrated Care

Collaborative Inc.





+ American Lung Association

Waiver HRSN Services



Screening

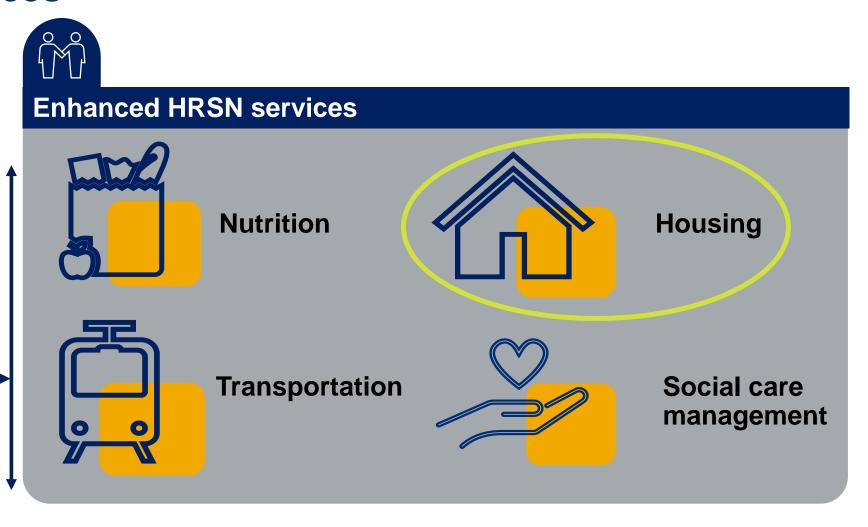
Members screened, using the standardized Accountable Health Communities tool for Health-Related Social Needs (HRSN)



Social care navigation

Determination on Member eligibility is made based on enrollee information from MCO and information gathered by the social care navigator.

Medicaid MCO Members are eligible for navigation to existing or **Enhanced HRSN Services**



SOURCE: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment, January 9, 2024; SCN Operations Manual.



Member Eligibility: Clinical Criteria for Asthma Remediation



Clinical Criteria for Asthma Remediation Enhanced HRSN Services

Member in an Enhanced
Services Population with a
diagnosis of asthma who
has experienced one or
more of the following within
the previous 12 months:

Based on Enhanced Member Services File (ESMF) or Provider Attestation ONLY

- 1 or more hospital inpatient stay(s) related to asthma
- 2 or more ED visits related to asthma
- 3 or more urgent care visits related to asthma
- 2 or more prescribing events for oral steroid use related to asthma
- 3 to 11 prescribing events for a rescue inhaler





Enhanced HRSN Services: Housing Supports

2.1 Home accessibility and safety modifications

2.2 Home remediation

2.2a: Mold and Pest Remediation

2.2b: Ventilation Improving Systems

2.2c: Equipment Provision

2.3 Asthma Remediation

2.3a: ASME Home Visits

2.3 b1: Dwelling Assessment & SOW

b2: SOW Technical Review

2.3c: Asthma Remediation Services

2.3d: QA Inspection



Children's



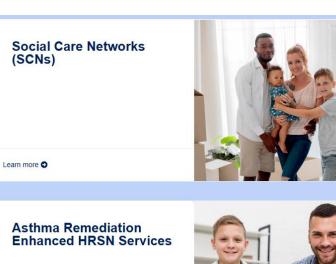


Technical Assistance for Asthma Remediation under NYHER



Children's **Asthma Initiative**













Learn more



https://nyschildrensasthma.org/nyher-overview/





American Lung Association Resources





Project BREATHE NY Training Resources:

Mandatory Trainings:

- Asthma Refresher
- Clinical Toolkit Training

Asthma Guidelines Trainings (as-needed):

- Establishing the Diagnosis
- Assessing Asthma Severity
- Assessing Asthma Control and Adjusting Therapy
- Asthma Medications and Devices
- Assessing Asthma Triggers
- Partnership in Asthma Self-Management
- Spirometry Administration and Interpretation





Home-Based Asthma Services Training

- Available to Home-Based Service Organizations, Community Health Worker (CHW)
 Agencies and Hospitals with a CHW Program
- Prepares CHWs to provide asthma education and to conduct asthma home visits
- Training consists of 5 modules taught by an AE-C (virtually or in-person)
- Certificate of Completion provided after successful completion of training and final exam







Educational Opportunities



Find these and other courses at lung.training





Project BREATHE NY Professional Education Tools

INITIAL VISIT: CLASSIFYING ASTHMA SEVERITY AND INITIATING THERAPY

(in patients who are not currently taking long-term control medications)

Level of severity (Columns 2-5) is determined by events listed in Column 1 for both impairment (frequency and intensity of symptoms and functional limitations) and risk (of exacerbations). Assess impairment by patient's or caregiver's recall of events during the previous 2-4 weeks; assess risk over the last year. Recommendations for initiating therapy based on level of severity are presented in the last row.

						Milia			moderate			Severe			
	Severity	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	Ages 0-4 years	Ages 5-11 year	Ages s ≥12 years	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years		
	Symptoms		≤2 days/week		>2	days/week but	not daily		Daily		Thr	oughout the day	1		
	Nighttime awakenings	0	≤2x/	month	1-2x/mont	h 3	4x/month	3-4x/month	>lx/week but r	not nightly	>1x/week	Often 7x/	week		
ŧ	SABA* use for symptom control (not to prevent EIB*)		≤2 days/week	0	>2 days/wed but not dail	not daily	ys/week but y and not more ice on any day		Daily		Seve	eral times per da	y		
Impairment	Interference with normal activity		None			Minor limital	tion		Some limitation		E	ctremely limited			
Impa	Lung function		Normal FEV, between exacerbat	Normal FEV, between		1						I			
	→ FEV,* (% predicted)	Not applicable	>80% F(rel of control (Co	lumns 2-4) is	based on the r		onent of impairm	ent (symptoms an	d functional lim	itations) or risk	k (exacerbations)		npairment by patie	
	→ FEV,/FVC*						s better or worse s presented in the la		. Assess risk by re	call of exacerba	ations during th	he previous year	and since t	he last visit. Recor	nmendations fo
							Well Controlled	1	1	Not Well Contr	rolled		Ver	y Poorly Control	led
	Asthma exacerbations requiring oral systemic			Components of	Control	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	Ages 0-4 years	Ages 5-11 years	Age ≥12 y	es A ears 0-4	ges years	Ages 5-11 years	Ages ≥12 years
Risk	corticosteroids		O-1/ye	Symptoms		s2 days/week	s2 days/week but not more than once on each day	s2 days/week	>2 days/week	>2 days/week multiple times s2 days/wee	on : >2 days	/week		Throughout the day	
				Nighttime aw	akenings	slx/	month	≤2x/month	>1x/month	»2x/month	1-3x/v	veek >1x,	/week	≥2x/week	≥4x/week
			Consid	Interference v normal activi			None			Some limitation	on			Extremely limited	
	nmended Step for ing Therapy			SABA* use for symptom cor (not to preve	ntrol		s2 days/week			>2 days/weel	k			Several times per day	
See "S fanag age 7 he ste	Stepwise Approach for ing Asthma Long Term,"		Step	Lung function → FEV,*(% pr or peak flo (% persona	redicted) w	Not applicable	>80%	>80%	Not applicable	60-80%	60-8		oplicable	<60%	<60%
ecisio	nmaking needed to meet ual patient needs.			◆ FEV,/FVC*			>80%	Not applicable		75-80%	Not app	licable		<75%	Not applicab
				Validated que ◆ ATAQ* ◆ ACQ* ◆ ACT*		Not applicable	Not applicable	0 ≤0.75 [‡] ≤20	Not applicable	Not applicabl	le 1-3 a1,1 16-1	5	oplicable	Not applicable	3-4 Not applicabl ¢15
				Asthma exac requiring oral	erbations toutemic		O-t/year		2-3/year		a2/year	>3,	/year	a2/	year
				corticosteroio	ds ⁴				Consider severi	ty and interval sind	ce last asthma ei	racerbation.			
			à	Reduction in growth/Prog of lung functi	ressive loss	Not applicable	Evaluation requ follow-u		Not applicable		requires long-te ow-up care.	rm Not as	plicable	Evaluation req follow-	uires long-term up care.
				Treatment-re adverse effec			The leve		n side effects can var not correlate to speci					ment of risk.	
			(5) M poi 77	ecommended Active Treatment lee "Stepwise Approaching Asthma Longe 7") les stepwise approachings, not replace, threisionmaking needed.	ach for g Term," h is meant se clinical	Regula	Maintain current ste r follow-up every 1-6 o down if well contro 3 months.	months.	For children 0-4 weeks, consider	Step up at let 1 step te in 2-6 weeks to years, if no clear tadjusting therapy of the step to the step	achieve control benefit observed or alternative diag	f in 4-6 gnoses.	Reevaluat ment	Step up 1-2 steps. te in 2 weeks to achie	sve control
			* AI	dividual patient need observiations: ACQ, A ABA, short-acting bet	athrna Control Gu	astionnaire", ACT,	Aathme Control Test'*:	ATAQ, Asthma Therap	discontinue	and use preferre	d treatment for t	that step. For side	effects, cons	ider alternative treat	ment options.

† Minimal important difference: 10 for the ATAQ; 0.5 for the ACQ; not determined for the ACI

\$ ACQ values of 0.76-14 are indeterminate regarding well-controlled asthma.

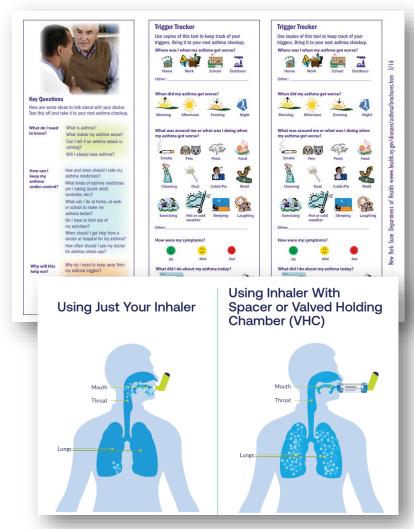
NEW YORK STATE Asthma Initiative

Teams will have access to extensive asthma care delivery tools including:

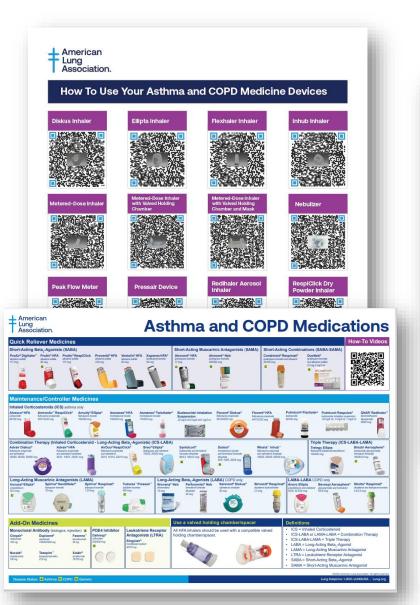
- Asthma Severity Circle Chart
- Asthma Control Circle Chart
- Inhaled Corticosteroid Dosing Chart
- Stepwise Tool
- Asthma & COPD Medication Chart
- Device Demo Video Links



Asthma Education Materials







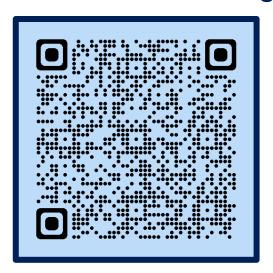
American	Mv Ast	hma Acti	on Plan
Lung Association		ne and Scl	
, / lood old to li	TOTTION	io aria ooi	
Name: Severity Classification: Interpretation Inter		Moderate Persistent	DOB: / //
Green Zone: Doing Well			
Symptoms: Breathing is good - Peak Flow Meter _			at night
Flu Vaccine—Date received: Control Medicine(s) Medicine	Next flu vaccine due How much t		D19 vaccine—Date received: In and how often to take it Take at
Physical Activity Use Albi	uterol/Levalbuterol puffs, 15 m	inutes before activity	with all activity when you feel you need
Yellow Zone: Caution			
Symptoms: Some problems brea	thing - Cough, wheeze, or tight of	est – Problems working	or playing - Wake at night
Control Medicine(s) Co Ad You should feel better within 20-6	ntinue Green Zone medicines d 50 minutes of the quick-relief trea	Change	to
Control Medicine(s) Co Ad You should feel better within 20-6 than 24 hours, THEN follow the in Red Zone: Get Help Now!	ntinue Green Zone medicines d . So minutes of the quick-relief treature attractions in the RED ZONE and c	Change stment. If you are gettin all the doctor right awa	o to ng worse or are in the Yellow Zone for more ay!
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Additional Resources

Asthma Resource Library

This interactive library includes videos, toolkits, worksheets, infographics and other resources for individuals with asthma and their caregivers.



NYSCAI Website

Find everything from educational opportunities, trainings, school-specific materials/hand-outs, and ways to get involved.









Let's work together to reduce the childhood asthma burden in NYS!

Farah Chatila, MHA, AE-C

Director | Health Promotions

Call: 917-764-8480

Email: Farah.Chatila@lung.org

Thank you!



Our Vision A World Free of Lung Disease









Upcoming sessions

Tuesday, June 10 | 11 a.m. - noon

Chronic Obstructive Pulmonary Disease (COPD)

Russell Acevedo, MD, FAARC, FCCP, FCCM Crouse Health

Remaining sessions in this series:

- June 17 | Breast Cancer
- June 24 | Mental health and substance use disorders
- July 1| Building Community Partnerships

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Questions?

Farah Chatila

Director, Health Promotions American Lung Association Farah.Chatila@lung.org

Morgan Black Director, Care Connections mblack@hanys.org

